Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By Candida (Mark X)		ite	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist Street Address	FriEND	, ,	MEIU	NWA	MENSpor	J
City Enie	10 Boy	State	<u>11</u> PA .	Zip Code	1651	
Type of Report (Place x under report type)				<u> </u>		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Primary Primary	Telegraphic Control of the Control o	2 nd Friday e- Bection	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (M.M./DD/YYYY) /1/5/19	Year 20	019	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures I 2 9 A. Amount Brought Forward From Last Report	To Date]19		For (Office Use Only	
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available	-11257	93			Ć.	2626
(Sum of Lines A and B) D. Total Expenditures (From Schedule III) \$ 559.93						
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 2	5				77 72
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$				# 1 7 u	 3
Part 1- If this is a Committee report, treasurer sign he	ere If this is a Candida	Affidavit Sec	tion			
I swear (or affirm) that this report, including the attac	ched schedules on paper	er, is to the b	pest of my knowled	ge and belief tru	ie, correct and complet	le.
CEGANILY X (110-	onwealth of Pennsylva ennifer L. Turner, No Er e County	v	DOWYA C	(Color Person Submit	tting report	_
My Commission expires OO DAY Market	mmission expires Oc Confinission number er, Pennsylvania Assoc	ctober 18, 2 r 1341887 clation of Not Ar	feries / rea Code	Printed Name Dayt	/8-8557 ime Telephone Number	<u>r</u>
Part II- If this is a report of a Candidate's Authorized C	Committee, candidate	shall sign he	re.			
I swear (or affirm) that to the best of my knowledge a amended.	nd belief this political c	committee n	as not violated any	provisions of th	e Act of June 3, 1937 (F	² .L 1333, NO.320) as
Signature My com	Awealth of Pennsylvani nnlfer L. Turner, Nota Eric County nmlssion expires Octo Panylssion number 1	ober 18, 20 1341887	122 F	ature of Candida Printed Name	thepan JENSpan 16-6854	_
MO. DAY YR	тенн ауманна А ѕѕосіа.	Are	ea Code	Daytin	ne Telephone Number	_

Statement of Expenditures

	_		•			
Filer	Identification Number:	 				

To Whom Paid		1 1		Date [M M / DD / YYYY] \$
	WUNI	ity of Lite	LEMMING CENTER	12/13/2019 /00.00
House #	Street Address	20141	94h St.	Description of Expenditure
City		State /	Zip	
	Y'E	r P	Code /6570	Clothing Drive
To Whom Paid	SON	MADA AJ	1.5	Date [M M / DD / YYYY] \$ 459. 93
House#	Existence of the second section of	<u> </u>		12-13/2019 459. 93 Description of Expenditure
938		W 254h		
city Eni	٤	State PA	Zip Code /6502	CONSULTING + 9AS
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	12	State	Zip Code	上。2018年1月1日 - 《中学》中,《中》中,《中
To Whom Paid			的时间, 在15年間	Date [M.M./DD/YYYY] \$
red vincer or thinks				
House #	Street Address			Description of Expenditure
City	The interest of the class	State	Zip	自然的一个是自己的的证据的。——但就是自然的现在分子上的一次是一次就像精神的现象并完整
To Whom Paid	_		Code	Date [MM/DD/YYYY] \$
				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Results to the Selection of the Selectio	State	Zip Code	· 18.5380 618 62.57 11.58 11.00 63.63 11.58 11.58 11.58 11.58 11.58 11.58 11.58 11.58 11.58 11.58 11.58 11.58 1
To Whom Paid	<u>-</u> -	######################################	放射图 显示的 (BE)	Date [M M / DD / YYYY] \$
House#	ACC 984 (00 10 10 10 10 10 10 10 10 10 10 10 10 1			· · · · · · · · · · · · · · · · · · ·
	Street Address			Description of Expenditure
City		State	Zip Code	P. L. Land Control of the Control o
To Whom Paid				Date [M M / DD / YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	Date [M M / DD / YYYY] \$#
TO SECURITY OF THE SECURITY OF				Date [M M / DD / YYYY] \$
House #	Street Address		17.00	Description of Expenditure
City		State	Zipis	
140 11 12 12 12 12 12 12 12 12 12 12 12 12			Code	

SCHEDULE

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period ((1)	\$ 6
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period ((2)	\$ 8
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)	\dagger	\$
Total for the reporting period ((3)	\$ 6
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period ((4)	\$ 8
Total Monetary Contributions and Receipts during this reporting period (Add and	- 1	\$

Cover Page, Item B)

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identificatio	n Number			<u>.</u>	
				<u> </u>	Avec
rei nar e e				B 4 pres 18 8 1100 000	Amount
Full Name of Co Committee	ontributing			Date [M M /DD/YYYY]	\$
	A CONTRACTOR OF THE PROPERTY O			P. A. PERE INDUARAN	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [M M /DD/YYYY]	\$
Full Name of Co	entributing	2016		Date [M/M/DD/YYYY]	
Committee	nitributing : .			Date [in in \ \DD \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- P
House #	Street Address			Date [MM/DD/YYYY]	\$
			•		1
City	100000000000000000000000000000000000000	State	Zip Code	Date [M M /DD/YYYY]	\$
		2.00		wisch fur in two to 1111	
Full Name of Co	ntributing	· · · · · · · · · · · · · · · · · · ·		Date [M M /DD/YYYY]	\$
Committee					
House #	Street Address		-	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		44.1			
Full Name of Co Committee	ntributing	I		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
i iUuac #	Street Address				Ψ · ·
City	Market West 1	State	Zip Code	Date [MM/DD/YYYY]	\$
					1
Full Name of Co Committee	ntributing	<u>ı. </u>	1 1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	production of the Co	State	Zip Code	Date [MM/DD/YYYY]	\$
	···-				
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				**************************************	1 (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification	n Number:			
	<u></u>			
Full Name of Co	intributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [M.M./DD/YYYY] \$
City	한 의 기계 등 기계	State	Zip Code	Date [M.M./DD/YYYY] \$
				運
Full Name of Co	ntributor			Date [M M / DD / YYYY] \$
				1000 Mai Mai
House #	Street Address			Date [M M / DD / YYYYY] \$
City	paper unally for the leading	State	Zip Code	Date [M M / DD / YYYY] \$
和作品。				
Full Name of Co	ntributor			Date [M M / DD / YYYY] \$
House #	Street Address			Date [M M / DD / YYYY] \$
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City		State	Zip Code	Date [M M / DD / YYYYY] 5
				(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Full Name of Co	ntributor			Date [M M / DD / YYYYY] \$
House#	Street Address			Date [M M / DD / YYYY]
City	1	State	Zip Code	Date [M.M./DD/YYYY] \$
	ARTINIO PROGRAMMA			
Full Name of Co	ntributor			Date [M M / DD / YYYYY] \$
				· · · · · · · · · · · · · · · · · · ·
House #	Street Address			Date [M M / DD / YYYY] \$
				[編集] [編集]
City		State	Zip Code	Date [M M / DD / YYYY] \$
	Sing week to a Library			ENGLAMBON MAAR START
Full Name of Co	n EFIDUTOT			Date [M M / DD / YYYY] \$
House #	Street Address			Date [M M / DD/ YYYY]
		pagamente I		
City		State	Zip Code	Date [M M / DD / YYYY] 3
			18-38-22-38-88-35	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

					 -
	-				
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
		!		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
CHA	建 设有的建筑。	State	Zip Code	Date [M M/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City		State	ZID COUP		
				。 · · · · · · · · · · · · ·	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [M M / DD / YYYY] \$	
		!			
City		State	Zip Code	Date [M M / DD / YYYY] \$	
Assume 1				○ 大阪 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
O-Citado	1000 Tr 600000	XE 46804		デ語性 は Disat Separation Disayyyy を 関係を f	
Full Name of Contributing Co	mmittee			Date [M M / DD / YYYY] \$	
House #	Street Address	\$	***	Date [M M / DD / YYYY] \$	
City /	数型等级 法。也是完 任	State	Zip Code	Date [M.M./DD/YYYY] \$	
•					
Full Name of		TA WASHING #	THE STATE OF THE S	Date [M.M./DD/YYYY) \$	
Contributing Co	mmittee				
		T		-D-4- TAN RA /DD /VVVVI	
House#	Street Address			Date [MM/DD/YYYY] \$	
				Septimil Filter The Control of	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				100 A	
Full Name of				Date [M M/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address	1		Date [MM/DD/YYYY] \$	
				Special mass of the Special Control of the Control	
		Insues, with	In the Krank State One Co.	DEL PRINCIPAL DE L'ANGE	
City		State	Zip Code	Date [M M / DD / YYYYY] \$	
				변기로 설립된	
Full Name of Contributing Co				Date [M.M./DD/YYYY] \$	
	mmntee				
House#	Street Address			Date [MM/DD/YYYY] \$	
City	Grant Chin. With	State	Zip Code	Date [M M / DD / YYYY] \$	
		Olaio		Secondary Control of the second secon	
Masaland .			[四十三年]		

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor		Date [MM/DD/YYYY] \$
		· · · · · · · · · · · · · · · · · · ·
House # Stree	et Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
	株式 (日本) 「大学 (日本)	Occupation
Em ployer Name		
Employer Mailing Address Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Stree	et Address	Pate [MM/DD/YYYY] \$
City 2	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Stree	et Address	Date [MM/DD/YYYY] \$
	(2) 19 (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	ALL STATES
City (State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
	2010年 (新聞書) (日本) (日本) (日本) (日本) (日本) (日本) (日本) (日本	
Employer Mailing Address . Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
flouse # Stree	t Address	Date [MM/DD/YYYY] \$
city:	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address	Maria de la Carta	

PART E

Other Receipts

REFUNDS, INTREST INCOM E, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	mber:			
Full Name				
House #	Street Address			
City		State	Zip	Date [M M /DD/YYYY] \$
			Code	
Receipt Description		1911 - 3495, 4 	[Migra - Market and and an analysis of the second analysis of the second analysis of the second and an analysis of the second	[S fellow]
Full Name			**	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[15] [15] [15]	Telegraphy & A	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[instances]	(40) 高层型为10000	3398
Full Name				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM /DD/YYYY] \$
Receipt Description		Professional State of	[The second of	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		हिंदि पाँच स्थानम्
Full Name				
House #	Street Address			
City Gas by		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Entire Prof.	5- 300 SVIII-	1 1983

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1 UNITEM IZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONT	RIBUTOR
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE		0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			·

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nur	nber:				100000000000000000000000000000000000000
Full Name of Contril	outor			Date [M M /DD/YYYY]	
House #				Date [M M /DD/YYYY]	
	Street/Address			Spare (Im. in top) (1.1.1)	
City	National and a second second	State	Zip Code	Date [M M / DD / YYYY]	
Description of Contr	ikution		以后: / 连接图法 [6] 全上,第二人称称: / 2000 在11年 / 2000 11年 /		- 1000 -
Full Name of Contrib	outor			Date [M/M/DD/YYYY]	- (
House #	Street Address			Date [M M / DD / YYYYY]	
				ing only an expect to the San Springer and American Process of the San	
Gicy	[vix]ammanmandman han	State	Zip Code	Date [M M / DD / YYYY]	MING SERI
Description of Contr	ibution	**************************************			
Full Name of Contrib	hutor			Date [M M /DD/YYYY]	
					5.4.30 金貨 (1.1.23 (1.1.23
House#	Street Address			Date [M M / DD / YYYY]	83
City		State	Zip Code	Date [M M /DD/YYYY]	
	· · · · · · · · · · · · · · · · · · ·				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Description of Contr	ibution	A demi			
Full Name of Contrib	iutor 			Date [M.M./DD/YYYY]	
House #	Street Address			Date [M.M./DD/YYYY]	
	Street Address				
Gity		State	Zip Code	Date [M M / DD/ YYYY]	
	Partie Partie de la company				
Description of Contr					
Full Name of Contrib	utor			Date [M M / DD / YYYY]	
House #	Street Address			Date [M M / DD/YYYY]	
City		State	Zip Code	Date [M M / DD / YYYY]	
				2 6 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
Description of Contr	ibution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer dentification Number		
Full Name of Contributor	Date [MM/DD/YYYY] \$	

Full Name of Contributor			Date [M.M./DD/YYYY] \$	
From Name Of Continuous 1 A Property of the Continuous				
House # Street Address			Date [M M /DD/YYYY] \$	
Street Address				
Civ	State	Zip Code	Date [M.M./DD/YYYY] \$	
<u>Employer</u> Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of	
			Contribution	
Full Name of Contributor			Date [M M / DD / YYYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Street Address				
City	State	Zip Code	Date [M M /DD/YYYY] \$	
A STATE OF THE STA		基籍 (新) (2000年) (1000年) (2000年) (2000年)	Occupation	
Employer Name				
Employer Mailing Address / Principal Place of Business		Description of		
			Contribution	
Full Name of Contributor			Date [M.M./DD/YYYY] \$	
ELEMENT DE LE CONTROL DE LE CO			Date [M.M./DD/YYYY] \$	
House # Street Address				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal	1,1		Description	
Place of Business	- Annual Control		of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address			Date [M M /DD/YYYY] \$	
City	State	Zip Code	Date [M M /DD/YYYY] \$	
Employer Name		異点が生きましていた。	Occupation	
Employer Mailing Address / Principal		Description		
Place of Business			of Contribution	

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer identification Nun	10ep.		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	· · · · · · · · · · · · · · · · · · ·
City		State Zip Code	
Description of Debt		. See a s	<u> </u>
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	STATES
City		State Zip	
Description of Debt	A PART OF THE PART	Code	
Description of Deut			
Name of Creditor	333333		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
in the second se	200 to 144		
City		Xate Zip Code	
Description of Debt			
Name of Creditor	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
	ST66V-Address	[MM/DD/YYYY]	
City		State Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S
		[MM/DD/YYYY]	
City		Xate Zip	
Description of Debt	1987	Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[M:M/DD/YYYY]	
City	S	Xate Zip Code	
Description of Debt	を表現す <u> 1</u> 1 1 1 1 1 1 1 1 1		.Y. aj